

SERIAL NUMBER 09/088,259	FILING DATE 06/01/98	CLASS 280	GROUP ART UNIT 3611	ATTORNEY DOCKET NO.
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APPLICANT

SCOTT ANDREW, HOOD RIVER, OR.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED

*JS*

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

*JS*

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

*JS*

FOREIGN FILING LICENSE GRANTED 06/22/98

\*\*\*\*\* SMALL ENTITY \*\*\*\*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Verified and Acknowledged <i>JS</i>	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY OR	SHEETS DRAWING 6	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 2
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ADDRESS

~~ANDREAS H VON FLOTOW~~  
~~HOOD TECHNOLOGY CORPORATION~~  
~~1750 COUNTRY CLUB ROAD~~  
~~HOOD RIVER OR 97031~~

*Bell, Boyd + Loyd*  
*P.O. Box 1135*  
*Chicago, IL 60690-1135*

TITLE

COLLAPSIBLE BABY STROLLER AND RELEASABLE LOCKING AND FOLDING MECHANISM THEREFOR

FILING FEE RECEIVED  \$395	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Bib Data Sheet



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<b>SERIAL NUMBER</b> 09/088,259	<b>FILING DATE</b> 06/01/1998 <b>RULE</b> -	<b>CLASS</b> 280	<b>GROUP ART UNIT</b> 3611	<b>ATTORNEY DOCKET NO.</b> -		
<b>APPLICANTS</b> SCOTT A. SUTHERLAND, HOOD RIVER, OR ; ANDREAS H. VON FLOTOW, HOOD RIVER, OR ;						
** CONTINUING DATA *****						
** FOREIGN APPLICATIONS *****						
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 06/22/1998						
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged		<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> OR	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> BELL, BOYD & LLOYD P.O. BOX 1135 CHICAGO, IL 606901135						
<b>TITLE</b> COLLAPSIBLE BABY STROLLER AND RELEASABLE LOCKING AND FOLDING MECHANISM THEREFOR						
<b>FILING FEE RECEIVED</b> 395	FLES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:					<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit